

INDIANA ATTORNEY GENERAL'S OFFICE
DIVISION OF UNCLAIMED PROPERTY
35 South Park Blvd.
Greenwood, IN 46143

SAFE DEPOSIT BOX REPORT

Reporting Institution

Report Year

BOX # _____

DATE ABANDONED _____

Box Owner(s) Name

Social Security Number

Owner(s) last known address (street, city, state, zip)

Notice is hereby given that the undersigned intends to hold a lien against the contents of the safe deposit box described above, escheated to the Indiana Unclaimed Property Division in accordance with IC 32-34-1-29(g) in the amount of \$_____.

_____ **Notice is hereby given that no lien exists against the contents of the safe deposit box described above.**

Signature

Date

Title

Complete this form for each box reported and attach a detailed list of the box inventory.